

**SCHEDULE H**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

- **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
► **Attach to Form 990.**  
► **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization

WHITLEY MEMORIAL HOSPITAL, INC.

Employer identification number

35-1967665

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .....	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," was it a written policy? .....	<input checked="" type="checkbox"/>	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ..... <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ..... <input type="checkbox"/> 200% <input checked="" type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? .....	<input checked="" type="checkbox"/>	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? .....	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? .....		<input checked="" type="checkbox"/>
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? .....		
<b>6a</b> Did the organization prepare a community benefit report during the tax year? .....	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization make it available to the public? .....	<input checked="" type="checkbox"/>	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

**7 Financial Assistance and Certain Other Community Benefits at Cost**

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1) .....			916,094.		916,094.	1.27%
<b>b</b> Medicaid (from Worksheet 3, column a) .....			6970409.	5182412.	1787997.	2.48%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....			10673208.	7073707.	3599501.	4.98%
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs .....			18559711.	12256119.	6303592.	8.73%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....			86,970.	7,060.	79,910.	.11%
<b>f</b> Health professions education (from Worksheet 5) .....			144,041.		144,041.	.20%
<b>g</b> Subsidized health services (from Worksheet 6) .....			9805580.	5414261.	4391319.	6.08%
<b>h</b> Research (from Worksheet 7) .....						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....			101,132.		101,132.	.14%
<b>j Total.</b> Other Benefits .....			10137723.	5421321.	4716402.	6.53%
<b>k Total.</b> Add lines 7d and 7j .....			28697434.	17677440.	11019994.	15.26%





**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group WHITLEY MEMORIAL HOSPITAL, INC.Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
<b>Community Health Needs Assessment</b>		
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....	<b>1</b>	<b>X</b>
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....	<b>2</b>	<b>X</b>
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	<b>3</b>	<b>X</b>
If "Yes," indicate what the CHNA report describes (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: <u>20 19</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	<b>5</b>	<b>X</b>
<b>6a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....	<b>6a</b>	<b>X</b>
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....	<b>6b</b>	<b>X</b>
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? .....	<b>7</b>	<b>X</b>
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTPS://WWW.PARKVIEW.COM/LOCALHEALTHNEEDS</u>		
<b>b</b> <input type="checkbox"/> Other website (list url): .....		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	<b>8</b>	<b>X</b>
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 19</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	<b>10</b>	<b>X</b>
<b>a</b> If "Yes," (list url): <u>HTTPS://WWW.PARKVIEW.COM/LOCALHEALTHNEEDS</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....	<b>10b</b>	
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....	<b>12a</b>	<b>X</b>
<b>b</b> If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....	<b>12b</b>	
<b>c</b> If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group WHITLEY MEMORIAL HOSPITAL, INC.

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<b>13</b>	<b>X</b>
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>250</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	<b>14</b>	<b>X</b>
<b>15</b> Explained the method for applying for financial assistance? .....	<b>15</b>	<b>X</b>
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? .....	<b>16</b>	<b>X</b>
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2021

**Part V Facility Information** (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group WHITLEY MEMORIAL HOSPITAL, INC.

	Yes	No	
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? .....	<b>17</b>	<b>X</b>	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....	<b>19</b>		<b>X</b>
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):			
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)			
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)			
e <input type="checkbox"/> Other (describe in Section C)			
f <input type="checkbox"/> None of these efforts were made			

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....	<b>21</b>	<b>X</b>	
If "No," indicate why:			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			

**Part V Facility Information** (continued)**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group WHITLEY MEMORIAL HOSPITAL, INC.**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? .....

If "Yes," explain in Section C.

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? .....

If "Yes," explain in Section C.

	Yes	No
<b>23</b>		<b>X</b>
<b>24</b>		<b>X</b>

Schedule H (Form 990) 2021

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

WHITLEY MEMORIAL HOSPITAL, INC.:

PART V, SECTION B, LINE 5: DESCRIBE HOW THE HOSPITAL FACILITY TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY, AND IDENTIFY THE PERSONS THE HOSPITAL FACILITY CONSULTED:

WHEN CONDUCTING ITS 2019 CHNA, PARKVIEW HEALTH SYSTEM, INC. (INCLUDING WHITLEY MEMORIAL HOSPITAL, INC.) AND THE INDIANA PARTNERSHIP FOR HEALTHY COMMUNITIES (IN-PHC) RESEARCH TEAM WERE DILIGENT IN ENSURING THE INPUT FROM PERSONS REPRESENTING THE BROADER INTERESTS OF THE COMMUNITY'S VULNERABLE POPULATIONS.

IN GATHERING QUALITATIVE COMMUNITY INPUT, PARKVIEW HEALTH SYSTEM, INC. (INCLUDING WHITLEY MEMORIAL HOSPITAL, INC.) AND ITS RESEARCH PARTNERS OBTAINED THE FOLLOWING: 1) PRIMARY DATA COLLECTED VIA AN ONLINE SURVEY OF PARKVIEW HEALTH SYSTEM, INC. HEALTHCARE PROVIDERS (E.G., PHYSICIANS, NURSES, SOCIAL WORKERS, ETC.). ADDITIONALLY, THE HEALTH SYSTEM'S CHNA RESEARCH PARTNERS CONDUCTED A SURVEY OF THE COMMUNITY RESIDENTS IN EACH PARKVIEW HEALTH COUNTY. 2) SECONDARY DATA WAS GATHERED FROM CONDUENT'S HEALTHY COMMUNITIES INSTITUTE (HCI) DATABASE AND OTHER LOCAL AND NATIONAL AGENCIES. TO SUPPLEMENT THESE DATA, A FOCUS GROUP WAS CONDUCTED WITH HISPANIC COMMUNITY MEMBERS IN KOSCIUSKO.

IN ADDITION TO DATA COLLECTION, WHITLEY MEMORIAL HOSPITAL, INC. TURNED TO THE COMMUNITY AND PARTNERING ORGANIZATIONS WHEN SELECTING AND PRIORITIZING WHITLEY COUNTY'S HEALTH NEEDS. IN DOING SO, A MODIFIED HANLON METHOD PRIORITIZED HEALTH CONCERNS FOR PARKVIEW HEALTH HOSPITAL COMMUNITIES. THIS



**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

METHOD, ALSO KNOWN AS THE BASIC PRIORITY RATING SYSTEM (BPRS) 2.0, IS RECOMMENDED BY THE NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS (NACCHO) FOR PRIORITIZING COMMUNITY HEALTH NEEDS (GUIDE-TO-PRIORITIZATION-TECHNIQUES.PDF, N.D.). ALTHOUGH COMPLEX TO IMPLEMENT, IT IS USEFUL WHEN THE DESIRED OUTCOME IS AN OBJECTIVELY SELECTED LIST. EXPLICIT IDENTIFICATION OF FACTORS MUST BE CONSIDERED TO SET PRIORITIES WHICH ENABLES A TRANSPARENT AND REPLICABLE PROCESS. PRIORITY SCORES ARE CALCULATED BASED ON THE SIZE OF THE HEALTH PROBLEM, SERIOUSNESS OF THE HEALTH PROBLEM AND THE AVAILABILITY OF EFFECTIVE HEALTH INTERVENTIONS.

THE INDIANA PARTNERSHIP FOR HEALTHY COMMUNITIES PRESENTED AN OVERVIEW OF THE REGIONAL CHNA FINDINGS ON JULY 16, 2019, TO ATTENDEES REPRESENTING THE PARKVIEW HEALTH SYSTEM. IN TOTAL, OVER 60 INDIVIDUALS PARTICIPATED IN THE PRIORITIZATION PROCESS, INCLUDING REPRESENTATIVES FROM HOSPITAL SERVICE LINES, COMMUNITY HOSPITALS, HEALTHCARE PROVIDERS/PHYSICIANS, EXECUTIVE LEADERSHIP TEAM, COMMUNITY HEALTH AND HOSPITAL BOARD OF DIRECTORS. AFTER A THOROUGH REVIEW OF THE DATA AND CONSIDERABLE DISCUSSION, THE GROUP USED AN ELECTRONIC VOTING SYSTEM TO RANK THE VARIOUS HEALTH NEEDS IDENTIFIED IN THE CHNA. ULTIMATELY, THE GROUP VOTED ON SUBSTANCE USE DISORDER/MENTAL HEALTH AS THE SHARED HEALTH PRIORITY ACROSS THE HEALTH SYSTEM.

ADDITIONALLY, WHITLEY MEMORIAL HOSPITAL, INC. CHOSE TO CONTINUE THE FOCUS ON OBESITY TO KEEP THE MOMENTUM GOING WITH THIS INITIATIVE. THE BOARD-DRIVEN COMMUNITY HEALTH IMPROVEMENT COMMITTEE AGREED WITH THIS DIRECTION.

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

WHITLEY MEMORIAL HOSPITAL, INC.:

PART V, SECTION B, LINE 6A: THE HOSPITAL FACILITY'S CHNA WAS CONDUCTED WITH THE FOLLOWING HOSPITAL FACILITIES:

PARKVIEW HOSPITAL, INC. (EIN 35-0868085); COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. (EIN 20-2401676); HUNTINGTON MEMORIAL HOSPITAL, INC. (EIN 35-1970706); COMMUNITY HOSPITAL OF NOBLE COUNTY, INC. (EIN 35-2087092); PARKVIEW WABASH HOSPITAL, INC. (EIN 47-1753440) AND ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC (EIN 26-0143823).

WHITLEY MEMORIAL HOSPITAL, INC.:

PART V, SECTION B, LINE 6B: THE HOSPITAL FACILITY'S CHNA WAS ALSO CONDUCTED WITH THE FOLLOWING ORGANIZATIONS OTHER THAN HOSPITAL FACILITIES:

PARKVIEW HEALTH, INC. (EIN 35-1972384); INDIANA PARTNERSHIP FOR HEALTHY COMMUNITIES (A PARTNERSHIP BETWEEN THE INDIANA UNIVERSITY RICHARD M. FAIRBANKS SCHOOL OF PUBLIC HEALTH AND THE POLIS CENTER AT IUPUI) AND CONDUENT HEALTHY COMMUNITIES INSTITUTE.

WHITLEY MEMORIAL HOSPITAL, INC.:

PART V, SECTION B, LINE 11: DESCRIBE HOW THE HOSPITAL FACILITY IS ADDRESSING THE SIGNIFICANT NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNA AND ANY SUCH NEEDS THAT ARE NOT BEING ADDRESSED TOGETHER WITH THE REASONS WHY SUCH NEEDS ARE NOT BEING ADDRESSED:

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

**SIGNIFICANT HEALTH NEEDS BEING ADDRESSED:**

DRUG AND ALCOHOL ABUSE AND ADDICTION -- WHITLEY MEMORIAL HOSPITAL, INC. WORKS CLOSELY WITH COMMUNITY PARTNERS TO ADDRESS ADDICTIONS AND MENTAL HEALTH. THEY WORK WITH PARKVIEW BEHAVIORAL HEALTH TO ASSIST WITH PATIENT AND COMMUNITY MENTAL HEALTH NEEDS. WHITLEY COUNTY HAS A VERY LIMITED NUMBER OF MENTAL HEALTH RESOURCES AND SUBSTANCE ABUSE FACILITIES, AND THIS POSES CHALLENGES IN PARTNERSHIP CAPABILITIES. TO HELP ADDRESS AND PREVENT SUBSTANCE ABUSE ISSUES IN THE COMMUNITY, IN 2020 THE HOSPITAL PARTNERED WITH THE LARGEST SCHOOL SYSTEM IN THE COUNTY TO PROVIDE FUNDING FOR ADDITIONAL MENTAL HEALTH SERVICES FOR STUDENTS. UNFORTUNATELY, COVID PREVENTED THE SCHOOL SYSTEM FROM BEING ABLE TO PUT THOSE DOLLARS INTO ACTION FOR QUITE SOME TIME. THEIR PLAN IS TO UTILIZE THOSE FUNDS IN 2022.

IN 2021 THE HOSPITAL ALSO PARTNERED WITH MISSION 25, A LOCAL TRANSITIONAL HOUSING FACILITY THAT NOT ONLY HELPS THOSE THAT ARE HOMELESS BUT HELPS THEM TO GAIN THE TOOLS THEY NEED TO LIVE ON THEIR OWN. ASSISTING WITH JOBS, MENTAL HEALTH AND ADDICTIONS OBSTACLES AND EDUCATION ON NUTRITION, MONEY MANAGEMENT AND SO MUCH MORE. IN 2021, 92% OF THEIR RESIDENTS RECEIVED INDIVIDUAL OR GROUP THERAPY. 73% OF THOSE SERVED AND ASSESSED HAD A SUBSTANCE ABUSE DISORDER DIAGNOSIS AND MAINTAINED THEIR RECOVERY.

MENTAL HEALTH -- MENTAL HEALTH IS OFTEN CLOSELY TIED TO ALCOHOL AND DRUG ABUSE AND, IN MANY INSTANCES, SUBSTANCE ABUSE STEMS FROM AN UNDERLYING MENTAL HEALTH CONDITION. BECAUSE OF THE DIRECT CORRELATION BETWEEN THE TWO, WHITLEY MEMORIAL HOSPITAL, INC. BELIEVES THEIR PARTNERSHIP OF

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PROVIDING MENTAL HEALTH RESOURCES TO COMMUNITY HIGH SCHOOL STUDENTS WILL HELP ADDRESS BOTH ISSUES. PLEASE SEE ABOVE NARRATIVE REGARDING THIS HEALTH NEED.

THE HOSPITAL ALSO PARTNERS WITH THE CENTER FOR WHITLEY COUNTY YOUTH, A LOCAL ORGANIZATION THAT PROVIDES MEALS, ACTIVITIES AND SUPPORT FOR THE TEEN POPULATION IN ALL THREE COUNTY SCHOOLS. THEY SERVE HEALTHY SNACKS AFTER SCHOOL AND BALANCED DINNERS. HAVING ADULT MENTORS WHO PROVIDE POSITIVE REINFORCEMENT AND GUIDE THEM IN MAKING POSITIVE CHOICES MAKES A HUGE DIFFERENCE FOR THESE AT-RISK STUDENTS. IN 2021 THE CENTER SERVED 650 STUDENTS, WHICH WAS A 66% INCREASE OVER 2020. THE STUDENTS ARE SURVEYED TWICE ANNUALLY AND IN THE FALL 2021 SURVEY 86% FELT VALUED AND APPRECIATED BY OTHERS.

OBESITY -- WHITLEY MEMORIAL HOSPITAL, INC. WILL SERVE AS A COMMUNITY LEADER PARTNERING WITH OTHER KEY COMMUNITY ORGANIZATIONS TO PROMOTE A CULTURE OF HEALTHY DECISIONS THAT INCLUDES ACTIVE LIVING AND HEALTHY EATING. THE HOSPITAL CONTINUES TO BUILD RELATIONSHIPS WITH ORGANIZATIONS THAT SERVE CHILDREN AND OR UNDERSERVED POPULATIONS. WE ALSO FOCUS ON OPPORTUNITIES FOR COMMUNITY MEMBERS TO BETTER MONITOR THEIR HEALTH WITH LOW-COST OR NO-COST EDUCATIONAL AND SCREENING EVENTS. IN 2021, FINANCIAL SUPPORT WAS GIVEN TO THE DIABETES PREVENTION PROGRAM (DPP) AT THE PARKVIEW WARSAW YMCA. THIS EVIDENCE-BASED PROGRAM WORKS WITH INDIVIDUALS THAT ARE AT RISK FOR DIABETES. THIS PROGRAM HELPS ADULTS LOSE 5-7% OF THEIR BODY WEIGHT THROUGH HEALTHIER EATING AND INCREASED PHYSICAL ACTIVITY.

WHITLEY MEMORIAL HOSPITAL, INC. ALSO PARTNERED WITH A LOCAL ORGANIZATION,

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ONE COMMUNITY, THAT OFFERS FREE LUNCHESES AND ACTIVITIES TO SOUTH WHITLEY SCHOOL-AGE CHILDREN IN THE SUMMER. MANY OF THE CHILDREN IN THE PROGRAM ARE HOME ALONE THROUGHOUT THE DAY. THE KIDS CONNECT PROGRAM PROVIDES THEM WITH A MEAL, FUN AND, MOST IMPORTANTLY, POSITIVE ROLE MODELS. EATING A HEALTHY MEAL AND GETTING EXERCISE HELPS THEM ON THEIR PATH TO BEING HEALTHY ADULTS. IN 2021, THE KIDS CONNECT PROGRAM SERVED 823 MEALS TO LOCAL CHILDREN. THERE WERE 57 PARTICIPANTS AND 95% OF THOSE STAYED FOR THE DAILY ACTIVITIES THAT PROVIDE PHYSICAL ACTIVITY AND SOCIAL INTERACTIONS.

WHITLEY MEMORIAL HOSPITAL, INC. PROVIDED LUNCHESES FOR TROY CENTER SCHOOL AT NO COST TO ENSURE NUTRITIOUS MEALS ARE AVAILABLE TO EACH STUDENT THROUGH THE SPRING OF 2021. TROY CENTER IS AN ACCREDITED, INDEPENDENT ALTERNATIVE SCHOOL HELPING STUDENTS GAIN AN EDUCATION AND EARN A DIPLOMA AT THEIR OWN PACE, PROVIDING AN EDUCATIONAL OPTION FOR THOSE WHOSE LEARNING/BEHAVIORAL NEEDS WERE NOT BEING MET IN A TRADITIONAL SCHOOL SETTING. FOR THE 2021-2022 SCHOOL YEAR, A COMMUNITY HEALTH IMPROVEMENT GRANT WAS AWARDED IN LIEU OF THE FREE MEAL PROGRAM.

WHITLEY MEMORIAL HOSPITAL, INC. SUPPORTED THE WHITLEY COUNTY FARMERS MARKET. THE DOWNTOWN COLUMBIA CITY SATURDAY MARKETS PROVIDE LOCALLY GROWN FRESH FRUITS AND VEGETABLES IN SEASON FOR SALE TO THE COMMUNITY EVERY SATURDAY. THE FARMERS MARKET ACCEPTS SNAP AND WIC AS PAYMENT, WHICH IS VERY BENEFICIAL TO LOW-INCOME FAMILIES IN THE COMMUNITY. TO FURTHER INCREASE ACCESS TO FRESH, HEALTHY PRODUCE TO THE COMMUNITY, WHITLEY MEMORIAL HOSPITAL, INC., ALSO, HOSTS A MID-WEEK FARMERS' MARKET ON ITS CAMPUS DURING THE SUMMER, GENERALLY JULY-SEPTEMBER.

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

A WEIGHT LOSS SUPPORT GROUP WAS OFFERED BY WHITLEY MEMORIAL HOSPITAL, INC. FOR THE PUBLIC AND INCLUDED 70 PARTICIPANTS THROUGHOUT THE YEAR. THIS PROGRAM HAS BEEN IN PLACE FOR MANY YEARS AND HAS BEEN QUITE SUCCESSFUL.

CARDIOVASCULAR DISEASE -- WHITLEY MEMORIAL HOSPITAL, INC. OFFERS THREE CHECK-UP DAYS PER YEAR TO HELP PATIENTS MONITOR SUCH THINGS AS CHOLESTEROL LEVELS, BLOOD PRESSURE AND OTHER CARDIOVASCULAR FACTORS. THIS EVENT PROVIDED REDUCED-FEE LABORATORY TESTING FOR 203 COMMUNITY MEMBERS IN 2021. IN ADDITION, THE PARKVIEW WARSAW CENTER FOR HEALTHY LIVING COORDINATED TWO EVENTS DURING THE YEAR AT THE PARKVIEW WARSAW YMCA WITH 94 PARTICIPANTS. THESE EVENTS ARE WELL KNOWN IN THE COMMUNITY AND OFFER A VALUABLE SERVICE, ESPECIALLY TO THOSE WHO ARE UNINSURED OR UNDER-INSURED.

ADDITIONALLY, THE HOSPITAL'S OUTPATIENT THERAPY DEPARTMENT PROVIDES AN EXCELLENT CARDIAC REHABILITATION PROGRAM TO HELP PATIENTS REGAIN THEIR STRENGTH AND QUALITY OF LIFE AFTER A CARDIAC EVENT OR SURGERY. DURING 2021, THE PROGRAM IMPACTED 160 PATIENTS.

MULTI-COUNTY MEDICAL OUTREACH CLINIC RECEIVES IN-KIND LAB SERVICES THROUGH WHITLEY MEMORIAL HOSPITAL, INC. TO SERVE THE NEEDS OF THEIR UNINSURED PATIENTS. THEY ALSO RECEIVE IN-KIND SPACE FROM PARKVIEW HEALTH SYSTEM TO OPERATE THEIR FREE MEDICAL CLINIC.

MATERNAL/CHILD HEALTH -- IN WHITLEY COUNTY, HEALTH INDICATORS HAVE SHOWN AN INCREASED NUMBER OF CHILD ABUSE AND NEGLECT CASES IN THE COMMUNITY. WE FEEL STRONGLY THAT THIS MAY BE DIRECTLY TIED TO THE MENTAL HEALTH AND ADDICTIONS INDICATOR, AND THUS MAY BE IMPACTED DIRECTLY BY THE FOCUS ON

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

THOSE AREAS. WE PARTNER WITH BEDS & BRITCHES (BABE) WHICH IS A COUPON-BASED INCENTIVE PROGRAM THAT ALLOWS PARENTS TO PURCHASE ITEMS FOR THEIR YOUNGSTERS. BY TAKING CHILDREN TO THEIR DOCTOR, OR DENTIST OR LIBRARY, FOR EXAMPLE, THEY ARE ABLE TO PURCHASE CLOTHING, CAR SEATS, DIAPERS AND MUCH MORE. THEY ALSO OFFER MOMS GROUPS AND MANY EDUCATIONAL OPPORTUNITIES FOR PARENTS. COUPON REDEMPTION INCREASED FROM 4,470 IN 2020 TO 8,201 IN 2021.

WHITLEY MEMORIAL HOSPITAL, INC. SERVES AS A COMMUNITY LEADER PARTNERING WITH OTHER KEY COMMUNITY ORGANIZATIONS TO PROMOTE A CULTURE OF HEALTHY DECISIONS THAT PROMOTE THE SAFETY AND WELL-BEING OF INFANTS AND CHILDREN BEFORE AND AFTER THEIR BIRTH. THE HOSPITAL WILL CONTINUE TO ESTABLISH NEW PROGRAMS AND FOSTER EXISTING PROGRAMS AND RELATIONSHIPS WITH OTHER ORGANIZATIONS. THE FAMILY BIRTHING CENTER CURRENTLY OFFERS LAMAZE CHILDBIRTH EDUCATION, BREASTFEEDING CLASSES AND A BREASTFEEDING SUPPORT GROUP FOR NEW MOTHERS. ADDITIONALLY, CERTIFIED CO-WORKERS PROVIDE INFANT CAR SEAT SAFETY INSPECTIONS AND INSTRUCTION TO PARENTS AT VARIOUS COMMUNITY LOCATIONS THROUGHOUT THE YEAR TO SHOW THE CORRECT INSTALLATION AND USE OF CAR SEATS FOR PROMOTION OF CHILD SAFETY. SIXTY-FIVE FAMILIES TOOK ADVANTAGE OF THIS TRAINING.

WHITLEY MEMORIAL HOSPITAL, INC. PROVIDED SUPPORT TO A PROGRAM CALLED LAUNCHPAD (FORMERLY CHILDCARE COALITION). LAUNCHPAD IS A CHILD CARE AND EARLY LEARNING COALITION ESTABLISHED IN 2018 UNDER THE KOSCIUSKO CHAMBER OF COMMERCE. THE COALITION WAS FORMED TO INCREASE CAPACITY AND ACCESS TO HIGH-QUALITY CHILD CARE AND EARLY LEARNING FOR KOSCIUSKO COUNTY FAMILIES.

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

IN REGARD TO WOMEN'S HEALTH, WHITLEY MEMORIAL HOSPITAL, INC., AND THE WHITLEY COUNTY COMMUNITY FOUNDATION PARTNER TOGETHER TO PROVIDE FREE MAMMOGRAPHY SCREENING TO WOMEN WHO ARE UNINSURED OR UNDERINSURED. THROUGH THE WOMEN'S GIVING CIRCLE, A FUND OF THE WHITLEY COUNTY COMMUNITY FOUNDATION, VOUCHERS ARE GIVEN TO WOMEN WHO ARE UNINSURED OR UNDERINSURED WHICH CAN BE REDEEMED AT THE HOSPITAL FOR MAMMOGRAMS.

(SEE PART V, SECTION B, LINE 11 CONT'D: FOR CONTINUATION OF NARRATIVE)

WHITLEY MEMORIAL HOSPITAL, INC.

PART V, LINE 16A, FAP WEBSITE:

[HTTPS://WWW.PARKVIEW.COM/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE](https://www.parkview.com/patients-visitors/financial-assistance)

WHITLEY MEMORIAL HOSPITAL, INC.

PART V, LINE 16B, FAP APPLICATION WEBSITE:

[HTTPS://WWW.PARKVIEW.COM/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE](https://www.parkview.com/patients-visitors/financial-assistance)

WHITLEY MEMORIAL HOSPITAL, INC.

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

[HTTPS://WWW.PARKVIEW.COM/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE](https://www.parkview.com/patients-visitors/financial-assistance)

PART V, SECTION B, LINE 3E:

THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE CHNA.



**Part V** Facility Information *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PART V, SECTION B, LINE 11 CONT'D:

OTHER HEALTH NEEDS NOT BEING ADDRESSED:

TOBACCO USE -- WHITLEY MEMORIAL HOSPITAL, INC. PROVIDES INFORMATION, CLASSES AND MATERIALS TO THOSE PATIENTS WHO WISH TO ADDRESS THIS BEHAVIOR. IN WHITLEY COUNTY, THERE ARE NOT CURRENTLY ANY ORGANIZATIONS WITH PROGRAMS SPECIFICALLY DESIGNED TO ADDRESS TOBACCO USE. KOSCIUSKO COUNTY HAS A PROGRAM AND THEY ARE WORKING DILIGENTLY TO MAINTAIN EFFECTIVE PROGRAMMING THAT HAS CONSISTENT RESULTS FOR EXPECTANT MOMS AND AREA STUDENTS.

AGING-ALZHEIMER'S DISEASE -- THIS AREA OF CONCERN IS NEW ON OUR "TOP TEN" LIST OF CONCERNS. HOWEVER, WITH AN AGING POPULATION, ITS APPEARANCE IS NOT SURPRISING. WHITLEY MEMORIAL HOSPITAL, INC. WILL CONTINUE TO WORK WITH ORGANIZATIONS FOCUSED ON SERVING OUR SENIOR POPULATION.



**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C:

EQUITY IN A HOME OTHER THAN THE PATIENT OR GUARANTOR'S PRIMARY RESIDENCE.

PART I, LINE 6A:

THE RELATED ENTITIES OF PARKVIEW HEALTH SYSTEM, INC. (EIN 35-1972384); PARKVIEW HOSPITAL, INC. (EIN 35-0868085); COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. (EIN 20-2401676); COMMUNITY HOSPITAL OF NOBLE COUNTY, INC. (EIN 35-2087092); HUNTINGTON MEMORIAL HOSPITAL, INC. (EIN 35-1970706); WHITLEY MEMORIAL HOSPITAL, INC. (EIN 35-1967665); DEKALB MEMORIAL HOSPITAL, INC. (EIN 35-1064295; PARK CENTER, INC. (EIN 35-1135451); AND PARKVIEW WABASH HOSPITAL, INC. (EIN 47-1753440) PREPARED A COMBINED REPORT TO THE COMMUNITY DETAILING COMMUNITY BENEFIT PROGRAMS AND SERVICES.

PART I, LINE 7:

PART I, LINE 7A

THE FINANCIAL ASSISTANCE COST REPORTED ON LINE 7A IS CALCULATED UNDER THE COST TO CHARGE RATIO METHODOLOGY. UNDER THIS METHOD, THE FINANCIAL ASSISTANCE CHARGES FOREGONE ARE MULTIPLIED BY THE RATIO OF COST TO CHARGES

**Part VI** Supplemental Information (Continuation)

TO DETERMINE THE COST OF SERVICES RENDERED.

## PART I, LINE 7B

WHITLEY MEMORIAL HOSPITAL, INC. ACCEPTS ALL MEDICAID, MEDICAID MANAGED CARE, AND OUT-OF-STATE MEDICAID PATIENTS WITH THE KNOWLEDGE THAT THERE MAY BE SHORTFALLS. INTERNAL REVENUE SERVICE (IRS) REVENUE RULING 69-545 IMPLIES THAT TREATING MEDICAID PATIENTS IS A COMMUNITY BENEFIT. IRS REVENUE RULING 69-545, WHICH ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR NONPROFIT HOSPITALS, STATES THAT IF A HOSPITAL SERVES PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS, INCLUDING MEDICAID, THEN THIS IS AN INDICATION THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY. THE UNREIMBURSED MEDICAID COST REPORTED ON LINE 7B IS CALCULATED UNDER THE COST TO CHARGE RATIO METHODOLOGY. UNDER THIS METHOD, THE MEDICAID CHARGES ARE MULTIPLIED BY THE RATIO OF COST TO CHARGES TO DETERMINE THE COST OF MEDICAID SERVICES RENDERED. THEN, THE COST OF MEDICAID SERVICES RENDERED IS DEDUCTED FROM THE REIMBURSEMENT RECEIVED FOR MEDICAID PATIENTS TO ARRIVE AT A GAIN/(LOSS) RELATIVE TO THESE PATIENTS.

## PART I, LINE 7C

WHITLEY MEMORIAL HOSPITAL, INC. ACCEPTS ALL MEANS-TESTED PATIENTS FROM THE HEALTHY INDIANA PLAN (HIP) WITH THE KNOWLEDGE THAT THERE MAY BE SHORTFALLS. INTERNAL REVENUE SERVICE (IRS) REVENUE RULING 69-545 IMPLIES THAT TREATING MEANS-TESTED PATIENTS IS A COMMUNITY BENEFIT. IRS REVENUE RULING 69-545, WHICH ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR NONPROFIT HOSPITALS, STATES THAT IF A HOSPITAL SERVES PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS, INCLUDING HIP, THEN THIS IS AN INDICATION THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY. THE UNREIMBURSED HIP COST REPORTED ON LINE 7C IS CALCULATED UNDER THE COST TO

**Part VI** Supplemental Information (Continuation)

CHARGE RATIO METHODOLOGY. UNDER THIS METHOD, THE HIP CHARGES ARE MULTIPLIED BY THE RATIO OF COST TO CHARGES TO DETERMINE THE COST OF HIP SERVICES RENDERED. THEN, THE COST OF HIP SERVICES RENDERED IS DEDUCTED FROM THE REIMBURSEMENT RECEIVED FOR HIP PATIENTS TO ARRIVE AT A GAIN/(LOSS) RELATIVE TO THESE PATIENTS.

## PART I, LINE 7E

AMOUNTS PRESENTED ARE BASED ON ACTUAL SPEND FOR THOSE SERVICES AND BENEFITS PROVIDED DEEMED TO IMPROVE THE HEALTH OF THE COMMUNITIES IN WHICH WE SERVE AND CONFORM WITH THE MISSION OF OUR EXEMPT PURPOSE.

## PART I, LINE 7F

AMOUNTS PRESENTED ARE BASED UPON ACTUAL SPEND AND ARE IN CONFORMITY WITH AGREED UPON COMMITMENTS WITH THE VARIOUS EDUCATIONAL PROGRAMS.

## PART I, LINE 7G

AMOUNTS PRESENTED DO NOT INCLUDE ANY COSTS ASSOCIATED WITH PHYSICIAN CLINICS.

## PART I, LINE 7I

IN KEEPING WITH OUR MISSION AND COMMITMENT TO THE COMMUNITIES IN WHICH WE SERVE, WHITLEY MEMORIAL HOSPITAL, INC. CONTINUES ITS TRADITION OF CONTRIBUTING TO NUMEROUS ORGANIZATIONS ON BOTH AN AS-NEEDED BASIS AND NEGOTIATED BASIS. AMOUNTS PRESENTED REPRESENT ACTUAL SPEND TO ORGANIZATIONS THROUGHOUT OUR COMMUNITIES.

## PART I, LN 7 COL(F):

PERCENT OF TOTAL EXPENSE

**Part VI** Supplemental Information (Continuation)

WHITLEY MEMORIAL HOSPITAL, INC. EXCLUDED \$8,881,645 OF PH CLINICAL SUPPORT EXPENSE.

PART II, COMMUNITY BUILDING ACTIVITIES:

DESCRIBE HOW THE ORGANIZATION'S COMMUNITY BUILDING ACTIVITIES, AS REPORTED, PROMOTES THE HEALTH OF THE COMMUNITIES THE ORGANIZATION SERVES.

WHITLEY MEMORIAL HOSPITAL, INC. PROVIDES SUPPORT FOR LOCAL ECONOMIC DEVELOPMENT PROGRAMS. THESE EFFORTS ARE ALIGNED WITH THE HEALTH SYSTEM'S STRATEGIC INVOLVEMENT IN THE NORTHEAST INDIANA REGIONAL PARTNERSHIP'S VISION 2030, A REGIONAL INITIATIVE DESIGNED TO TRANSFORM NORTHEAST INDIANA INTO A TOP GLOBAL COMPETITOR BY FOCUSING ON A COMMON MISSION TO DEVELOP, ATTRACT AND RETAIN TALENT. VISION 2030'S REGIONAL PRIORITIES ARE TIED TO EDUCATION/WORKFORCE, BUSINESS CLIMATE, ENTREPRENEURSHIP, INFRASTRUCTURE, AND QUALITY OF LIFE FOR THE ELEVEN-COUNTY REGION IN NORTHEAST INDIANA. PROMOTION OF ECONOMIC AND LEADERSHIP DEVELOPMENT IN WHITLEY COUNTY AND KOSCIUSKO COUNTY IS A PART OF A COLLECTIVE PLAN TO IMPROVE THE QUALITY OF LIFE AND ULTIMATELY THE OVERALL HEALTH AND WELL-BEING OF THE COMMUNITY.

PART III, LINE 2:

FOR FINANCIAL STATEMENT PURPOSES, THE ORGANIZATION HAS ADOPTED ACCOUNTING STANDARDS UPDATE NO. 2014-09 (TOPIC 606). IMPLICIT PRICE CONCESSIONS INCLUDES BAD DEBTS. THEREFORE, BAD DEBTS ARE INCLUDED IN NET PATIENT REVENUE IN ACCORDANCE WITH HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION STATEMENT NO. 15 AND BAD DEBT EXPENSE IS NOT SEPARATELY REPORTED AS AN EXPENSE.

PART III, LINE 4:

**Part VI** Supplemental Information (Continuation)

BAD DEBT EXPENSE - PARKVIEW HEALTH SYSTEM, INC. AND SUBSIDIARIES - NOTES  
TO THE CONSOLIDATED FINANCIAL STATEMENTS

TEXT OF THE FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENTS THAT  
DESCRIBES BAD DEBT EXPENSE OR THE PAGE NUMBER ON WHICH THIS FOOTNOTE IS  
CONTAINED IN THE ATTACHED FINANCIAL STATEMENTS:

PAGES 12 AND 23 - 26 OF ATTACHED FINANCIAL STATEMENTS.

PART III, LINE 8:

COMMUNITY BENEFIT & METHODOLOGY FOR DETERMINING MEDICARE COSTS

SUBSTANTIAL SHORTFALLS TYPICALLY ARISE FROM PAYMENTS THAT ARE LESS THAN  
THE COST TO PROVIDE THE CARE OR SERVICES AND DO NOT INCLUDE ANY AMOUNTS  
RELATING TO INEFFICIENT OR POOR MANAGEMENT. WHITLEY MEMORIAL HOSPITAL,  
INC. ACCEPTS ALL MEDICARE PATIENTS, AS REFLECTED ON THE YEAR-END MEDICARE  
COST REPORT, WITH THE KNOWLEDGE THAT THERE MAY BE SHORTFALLS. INTERNAL  
REVENUE SERVICE (IRS) REVENUE RULING 69-545 IMPLIES THAT TREATING MEDICARE  
PATIENTS IS A COMMUNITY BENEFIT. IRS REVENUE RULING 69-545, WHICH  
ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR NONPROFIT HOSPITALS, STATES  
THAT IF A HOSPITAL SERVES PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS,  
INCLUDING MEDICARE, THEN THIS IS AN INDICATION THAT THE HOSPITAL OPERATES  
TO PROMOTE THE HEALTH OF THE COMMUNITY. HOWEVER, MEDICARE PAYMENTS  
REPRESENT A PROXY OF COST CALLED THE "UPPER PAYMENT LIMIT." IT HAS  
HISTORICALLY BEEN ASSUMED THAT UPPER PAYMENT LIMIT PAYMENTS DO NOT  
GENERATE A SHORTFALL. AS A RESULT, WHITLEY MEMORIAL HOSPITAL, INC. HAS  
TAKEN THE POSITION NOT TO INCLUDE THE MEDICARE SHORTFALLS OR SURPLUSES AS  
PART OF COMMUNITY BENEFIT. WHITLEY MEMORIAL HOSPITAL, INC. RECOGNIZES  
THAT THE SHORTFALL OR SURPLUS FROM MEDICARE DOES NOT INCLUDE THE COSTS AND

**Part VI** Supplemental Information (Continuation)

REVENUES ASSOCIATED WITH MEDICARE ADVANTAGE PATIENTS. AS SUCH, THE TOTAL SHORTFALL OR SURPLUS OF MEDICARE IS UNDERSTATED DUE TO THE COSTS AND REVENUES ASSOCIATED WITH MEDICARE ADVANTAGE PATIENTS NOT BEING INCLUDED IN THE COMMUNITY BENEFIT DETERMINATION.

## PART III, LINE 9B:

A PATIENT'S FAILURE TO MAKE PAYMENT ARRANGEMENTS THROUGH VARIOUS AVAILABLE PAYMENT OPTIONS OR FAILURE TO APPLY FOR AND RECEIVE APPROVAL UNDER THE FINANCIAL ASSISTANCE POLICY MAY RESULT IN THE ACCOUNT BEING REFERRED TO A COLLECTION AGENCY DUE TO NON-PAYMENT. THE COLLECTION AGENCY MAY REPORT THE ACCOUNT TO ONE OR ALL THREE CREDIT REPORTING AGENCIES, WHICH MAY ADVERSELY AFFECT THE PATIENT'S CREDIT SCORE.

A PATIENT MAY APPLY FOR FINANCIAL ASSISTANCE AT ANY TIME DURING THE APPLICATION PERIOD, EVEN IF THE ACCOUNT HAS BEEN PLACED WITH A COLLECTION AGENCY. IF AN INDIVIDUAL SUBMITS A COMPLETE FINANCIAL ASSISTANCE APPLICATION DURING THE APPLICATION PERIOD, AND PARKVIEW HEALTH DETERMINES THE INDIVIDUAL IS ELIGIBLE FOR FINANCIAL ASSISTANCE, THEN PARKVIEW HEALTH WILL TAKE ALL REASONABLE AVAILABLE MEASURES TO REVERSE ANY EXTRAORDINARY COLLECTION ACTION (EXCEPT FOR A SALE OF DEBT) TAKEN AGAINST THE INDIVIDUAL TO OBTAIN PAYMENT FOR THE CARE. ALSO, IF AN INDIVIDUAL SUBMITS AN INCOMPLETE FINANCIAL ASSISTANCE APPLICATION DURING THE APPLICATION PERIOD, PARKVIEW WILL SUSPEND ANY EXTRAORDINARY COLLECTION ACTIONS AGAINST THE INDIVIDUAL (WITH RESPECT TO CHARGES TO WHICH THE FINANCIAL ASSISTANCE APPLICATION UNDER REVIEW RELATES) UNTIL THE FINANCIAL ASSISTANCE APPLICATION HAS BEEN PROCESSED AND AN ELIGIBILITY DECISION RENDERED.

## PART VI, LINE 2:



**Part VI** Supplemental Information (Continuation)

DESCRIBE HOW THE ORGANIZATION ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES, IN ADDITION TO ANY CHNAS REPORTED IN PART V, SECTION B.

IN ADDITION TO COMPLETING A COMMUNITY HEALTH NEEDS ASSESSMENT ON A TRIENNIAL BASIS, WHITLEY MEMORIAL HOSPITAL, INC. ASSESSES THE HEALTHCARE NEEDS OF THE COMMUNITY IT SERVES THROUGH PRIMARY AND SECONDARY DATA ANALYSIS, WORKING WITH THE ORGANIZATION'S COMMUNITY PARTNERS, AND ITS FRONTLINE STAFF. WHITLEY MEMORIAL HOSPITAL, INC. IDENTIFIES AND VERIFIES COMMUNITY HEALTH NEEDS THROUGH THE FOLLOWING:

- HEALTHY COMMUNITIES INSTITUTE (HCI) SECONDARY DATA ANALYSIS
- OBSERVATIONS AND DATA COLLECTED FROM FRONTLINE STAFF WORKING WITH VULNERABLE POPULATIONS (I.E., COMMUNITY NURSES AND COMMUNITY HEALTH WORKERS)
- REVIEW OF COMMUNITY NEEDS ASSESSMENTS CONDUCTED BY LOCAL ORGANIZATIONS (I.E., UNITED WAY, BRIGHTPOINT, ETC.)
- PARKVIEW LEADERS SERVING ON HEALTH-RELATED AND SOCIAL SERVICE BOARDS OF DIRECTORS IN THE COMMUNITY
- OTHER PUBLIC HEALTH DATABASES (E.G. COMMUNITY COMMONS, COUNTY HEALTH RANKINGS)

KEY HOSPITAL REPRESENTATIVES MAINTAIN ON-GOING RELATIONSHIPS THROUGHOUT THE COMMUNITY AND MEET REGULARLY WITH ORGANIZATIONS THAT SHARE THE MISSION

**Part VI** Supplemental Information (Continuation)

OF IMPROVING THE HEALTH AND INSPIRING THE WELL-BEING OF THE COMMUNITY WE SERVE.

## PART VI, LINE 3:

DESCRIBE HOW THE ORGANIZATION INFORMS AND EDUCATES PATIENTS AND PERSONS WHO MAY BE BILLED FOR PATIENT CARE ABOUT THEIR ELIGIBILITY FOR ASSISTANCE UNDER FEDERAL, STATE OR LOCAL GOVERNMENT PROGRAMS OR UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY.

SIGNAGE AND BROCHURES ARE POSTED AND AVAILABLE AT ALL HOSPITAL POINTS OF REGISTRATION AND IN THE EMERGENCY DEPARTMENT. PATIENTS ARE OFFERED PLAIN LANGUAGE SUMMARIES OF THE FINANCIAL ASSISTANCE POLICY DURING THE REGISTRATION PROCESS AND IN EACH FOLLOW UP STATEMENT SENT TO THE PATIENT. PATIENT STATEMENTS WILL INDICATE HOW A PATIENT CAN OBTAIN FINANCIAL ASSISTANCE APPLICATIONS AND WHO THEY CAN CONTACT FOR ASSISTANCE.

## PART VI, LINE 4:

DESCRIBE THE COMMUNITY THE ORGANIZATION SERVES, TAKING INTO ACCOUNT THE GEOGRAPHIC AREA AND DEMOGRAPHIC CONSTITUENTS IT SERVES.

WHITLEY MEMORIAL HOSPITAL, INC., A MEMBER OF PARKVIEW HEALTH SYSTEM, INC., HAS TWO LOCATIONS. PARKVIEW WHITLEY HOSPITAL IS A FULL-SERVICE HOSPITAL WITH MEDICAL/SURGICAL, CONSTANT CARE AND OBSTETRICS INPATIENT UNITS. PARKVIEW WARSAW OPERATES AS A HOSPITAL OUTPATIENT DEPARTMENT (HOD) UNDER THE WHITLEY MEMORIAL HOSPITAL, INC. TAX ID AND PROVIDER NUMBERS. PARKVIEW WARSAW FEATURES A FREE-STANDING EMERGENCY DEPARTMENT WITH MULTI-MODALITY IMAGING, LABORATORY AND PHYSICAL REHABILITATION COUPLED WITH SUITES FOR PRIMARY CARE OFFICES AND SPECIALTY PHYSICIAN CLINICS. THESE FACILITIES

**Part VI** Supplemental Information (Continuation)

PRIMARILY SERVICE WHITLEY AND KOSCIUSKO COUNTIES INCLUDING THE COMMUNITIES OF COLUMBIA CITY, CHURUBUSCO, LARWILL, SOUTH WHITLEY, PIERCETON, WARSAW, AND WINONA LAKE.

ACCORDING TO CONDUENT HEALTHY COMMUNITIES INSTITUTE (2019), WHITLEY COUNTY HAD APPROXIMATELY 33,964 RESIDENTS, PRIMARILY IDENTIFYING AS WHITE (NOT HISPANIC OR LATINO) (95.3%), IN 2021. THE MEDIAN HOUSEHOLD INCOME WAS \$64,992 (2016-2020). THE WHITLEY COUNTY UNEMPLOYMENT WAS 1.8% OF THE CIVILIAN LABOR FORCE. EMPLOYMENT IN THE COUNTY IS MOSTLY RELATED TO MANUFACTURING. ADDITIONALLY, 9.6% OF PEOPLE WERE LIVING BELOW THE POVERTY LEVEL (2016-2020). ACCORDING TO COUNTY HEALTH RANKINGS (2019), 9% OF PEOPLE DID NOT HAVE HEALTH INSURANCE.

ACCORDING TO CONDUENT HEALTHY COMMUNITIES INSTITUTE (2019), KOSCIUSKO COUNTY HAD APPROXIMATELY 79,456 RESIDENTS, WITH THE MAJORITY OF THE POPULATION IDENTIFYING AS WHITE (NOT HISPANIC OR LATINO) (95.2%) AND APPROXIMATELY 8.2% OF THE POPULATION HISPANIC OR LATINO ETHNICITY. THE UNEMPLOYMENT RATE WAS 2.1% (2022). MANUFACTURING, HEAVILY WEIGHTED IN THE ORTHOPEDICS INDUSTRY, AND HEALTH SERVICES MAKE UP THE MAJORITY OF EMPLOYMENT IN THE COUNTY. THE MEDIAN HOUSEHOLD INCOME WAS \$62,789 (2016-2020). ALSO, 9.3% OF PEOPLE WERE LIVING BELOW THE POVERTY LEVEL (2016-2020). ACCORDING TO COUNTY HEALTH RANKINGS (2019), 13% OF PEOPLE DID NOT HAVE HEALTH INSURANCE.

ACCORDING TO THE INDIANA HOSPITAL ASSOCIATION DIMENSIONS DATABASE, WHITLEY MEMORIAL HOSPITAL, INC. FACILITIES IN WHITLEY COUNTY HAD 16.3% OF INPATIENT DISCHARGES THAT WERE MEDICAID PATIENTS AND 3% WERE SELF-PAY. FOR OUTPATIENT PROCEDURES, 12.9% WERE MEDICAID PATIENTS, AND 2.3% PERCENT WERE

**Part VI** Supplemental Information (Continuation)

SELF-PAY (2021).

ACCORDING TO THE INDIANA HOSPITAL ASSOCIATION DIMENSIONS DATABASE, WHITLEY MEMORIAL HOSPITAL, INC. FACILITIES IN KOSCIUSKO COUNTY HAD 25.7% OF INPATIENT DISCHARGES THAT WERE MEDICAID PATIENTS AND 5.1% WERE SELF-PAY. FOR OUTPATIENT PROCEDURES, 23.5% WERE MEDICAID PATIENTS, AND 2.3% PERCENT WERE SELF-PAY (2021).

HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA), AN AGENCY OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, DEVELOPS SHORTAGE DESIGNATION CRITERIA INTENDED TO IDENTIFY A GEOGRAPHIC AREA, POPULATION GROUP OR FACILITY AS A HEALTH PROFESSIONAL SHORTAGE AREA (HPSA) OR A MEDICALLY UNDERSERVED AREA OR POPULATION (MUA/P).

1) COUNTIES: HUNTINGTON, KOSCIUSKO, MARSHALL, WABASH AND WHITLEY COUNTY

DISCIPLINE: MENTAL HEALTH

HPSA ID: 7186918305

HPSA NAME: MENTAL HEALTH CATCHMENT AREA 28 - WARSAW

DESIGNATION TYPE: GEOGRAPHIC HPSA

HPSA FTE SHORT: 11.02

HPSA SCORE: 17

STATUS: DESIGNATED

RURAL STATUS: PARTIALLY RURAL

PART VI, LINE 5:

PROVIDE ANY OTHER INFORMATION IMPORTANT TO DESCRIBING HOW THE ORGANIZATION'S HOSPITAL FACILITIES OR OTHER HEALTH CARE FACILITIES FURTHER ITS EXEMPT PURPOSE BY PROMOTING THE HEALTH OF THE COMMUNITY (E.G. OPEN

**Part VI** Supplemental Information (Continuation)

MEDICAL STAFF, COMMUNITY BOARD, USE OF SURPLUS FUNDS, ETC.).

WHITLEY MEMORIAL HOSPITAL, INC.'S BOARD OF DIRECTORS IS COMPRISED OF INDEPENDENT COMMUNITY MEMBERS FROM WHITLEY AND KOSCIUSKO COUNTIES ALONG WITH THE HOSPITAL PRESIDENT AND MEDICAL STAFF PRESIDENT. THE HOSPITAL EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY.

PEOPLE THROUGHOUT THE COMMUNITY CAN COUNT ON WHITLEY MEMORIAL HOSPITAL, INC., TO BE AVAILABLE WITH EMERGENCY CARE 24 HOURS A DAY, 365 DAYS A YEAR. THE EMERGENCY DEPARTMENTS BOTH IN WHITLEY COUNTY AND KOSCIUSKO COUNTY ARE STAFFED WITH BOARD-CERTIFIED EMERGENCY CARE PHYSICIANS AND A NURSING STAFF THAT IS TRAINED AND EXPERIENCED IN EMERGENCY CARE. FURTHERMORE, NO PATIENT IS EVER DENIED TREATMENT, REGARDLESS OF THEIR ABILITY TO PAY.

THE HOSPITAL IN WHITLEY COUNTY FEATURES 30 PRIVATE ROOMS, IN A 96,000 SQUARE FOOT FACILITY LOCATED ON 42 ACRES. EMERGENCY MEDICAL CARE, OBSTETRIC, MEDICAL-SURGICAL AND CONSTANT CARE UNITS ARE AVAILABLE AS WELL AS LABORATORY, MULTIPLE MODALITY IMAGING, SURGICAL SERVICES, ANTICOAGULATION UNIT, DIABETES EDUCATION AND OUTPATIENT INFUSION. AN ATTACHED MEDICAL OFFICE BUILDING PROVIDES CONVENIENT, EASY ACCESS FOR PATIENTS TO RECEIVE CARE FROM FAMILY AND SPECIALTY PHYSICIANS, AS WELL AS DIAGNOSTIC IMAGING SERVICES, SLEEP DISORDERS LAB AND PHYSICAL, OCCUPATIONAL, SPEECH AND CARDIAC REHABILITATION.

PARKVIEW WARSAW IN KOSCIUSKO COUNTY IS A 90,000 SQUARE FOOT FACILITY FEATURING NINE EMERGENCY ROOM BEDS INCLUDING TWO THAT ARE EQUIPPED FOR TRAUMA PATIENTS. THE WARSAW FACILITY IS A HOSPITAL OUTPATIENT DEPARTMENT

**Part VI** Supplemental Information (Continuation)

(HOD) UNDER WHITLEY MEMORIAL HOSPITAL, INC.'S TAX IDENTIFICATION AND PROVIDER NUMBERS. THE FACILITY INCLUDES MULTI-MODALITY IMAGING, LABORATORY, PHYSICAL AND OCCUPATIONAL REHABILITATION AND ANTI-COAGULATION CLINIC AS WELL AS PRIMARY CARE AND SPECIALTY PHYSICIAN OFFICES. EMERGENCY PATIENTS WHO REQUIRE A HIGHER LEVEL OF CARE ARE TRANSPORTED TO WHITLEY MEMORIAL HOSPITAL, INC. OR TO TERTIARY CARE FACILITIES IN ALLEN COUNTY. EXPANSION OF THE CURRENT FACILITY IS CURRENTLY UNDERWAY AND WILL ADD 88,000 SQUARE FEET FOR AN INPATIENT MEDICAL/SURGICAL UNIT, SURGICAL SERVICES, CANCER SERVICES, NON-CANCER IV INFUSION, SLEEP DISORDERS LABORATORY AND CARDIAC REHABILITATION. WHITLEY MEMORIAL HOSPITAL, INC. IS EXCITED TO OFFER FULL-SERVICE HOSPITAL CARE TO THE KOSCIUSKO COUNTY COMMUNITY MID-2023.

AS A COMMUNITY PARTNER AND NOT-FOR-PROFIT ORGANIZATION, WHITLEY MEMORIAL HOSPITAL, INC., IS DEDICATED TO IMPROVING HEALTH AND INSPIRING WELL-BEING BY TAILORING A PERSONALIZED HEALTH JOURNEY TO ACHIEVE INDIVIDUAL UNIQUE GOALS. BY DEMONSTRATING WORLD-CLASS TEAMWORK, THE HOSPITAL PARTNERS WITH COMMUNITY MEMBERS ALONG THAT JOURNEY AND PROVIDES THE EXCELLENCE, INNOVATION AND VALUE PATIENTS SEEK IN TERMS OF CONVENIENCE, COMPASSION, SERVICE, COST AND QUALITY. WHITLEY MEMORIAL HOSPITAL, INC. CONSISTENTLY EARNS HIGH METRICS IN PUBLICLY REPORTED QUALITY MEASURES AS WELL AS THE PATIENTS' PERCEPTION OF CARE. MAGNET HOSPITAL STATUS WAS EARNED IN 2017 FROM THE AMERICAN NURSES CREDENTIALING CENTERS, DEMONSTRATING THE BEST PRACTICES AND CULTURE INCORPORATED AT OUR FACILITY TO CONSISTENTLY PROVIDE THE HIGHEST QUALITY OF CARE TO ALL PATIENTS. BABY-FRIENDLY DESIGNATION WAS ACHIEVED IN 2018 FROM UNICEF AND A WORLD HEALTH ORGANIZATION INITIATIVE, RECOGNIZING A COMMITMENT TO HEALTHY BABIES THROUGH SUPPORT AND PROMOTION OF BREASTFEEDING INITIATIVES. THE HOSPITAL CONTINUES TO COMPLY WITH THOSE

**Part VI** Supplemental Information (Continuation)

REQUIREMENTS IN ITS DEDICATION AND STRONG BELIEF IN THE BENEFITS OF  
BREASTFEEDING FOR HEALTHY CHILDREN IN THE COMMUNITY.

WHITLEY MEMORIAL HOSPITAL, INC.'S COMMUNITY HEALTH IMPROVEMENT PROGRAM  
FUNDS HEALTH IMPROVEMENT EFFORTS WITHIN THE SERVICE AREA OF WHITLEY  
MEMORIAL HOSPITAL, INC. THE HOSPITAL SETS ASIDE FUNDS ANNUALLY DESIGNATED  
FOR PARTNERSHIP WITH COMMUNITY ORGANIZATIONS TO ENCOURAGE HEALTHIER  
LIFESTYLES AMONG THE CITIZENS OF NORTHEAST INDIANA. WHITLEY MEMORIAL  
HOSPITAL, INC. INVESTS IN KEY ORGANIZATIONS THAT PROMOTE THE HEALTH AND  
WELLNESS OF FAMILIES, CHILDREN, AND INDIVIDUALS OF WHITLEY AND KOSCIUSKO  
COUNTIES. KEY PROJECTS AND AREAS OF FOCUS FUNDED THROUGH THE COMMUNITY  
HEALTH IMPROVEMENT INITIATIVES ARE INCLUDED IN SCHEDULE H, PART V,  
SECTION B, LINE 11.

WHITLEY MEMORIAL HOSPITAL, INC.'S MISSION INCLUDES CARING FOR PEOPLE WHO  
DO NOT HAVE THE MEANS TO MEET THEIR FINANCIAL OBLIGATIONS. A FINANCIAL  
COUNSELOR IS AVAILABLE TO ASSIST PATIENTS NAVIGATING THIS PROCESS. THE  
HOSPITAL PRIORITIZES OUR RESPONSIBILITY TO PROVIDE EXCELLENT, NECESSARY  
CARE TO ALL PATIENTS, NOT THE PATIENT'S ABILITY TO PAY FOR MEDICAL  
EXPENSES.

WHITLEY MEMORIAL HOSPITAL, INC. MANAGES AND OPERATES EMS SERVICES FOR  
WHITLEY COUNTY WITH DEDICATED AMBULANCES AVAILABLE FOR EMERGENCY DISPATCH  
24 HOURS, 7 DAYS PER WEEK. THERE WERE 5,971 EMS RUNS AND 4,133 PATIENT  
TRANSPORTS DURING 2021. ALTHOUGH ADDITIONAL ACTIVITIES WERE MINIMAL DURING  
2021 A RESULT OF THE COVID-19 PANDEMIC, STAFFED AMBULANCES WERE ALSO  
AVAILABLE TO PROVIDE EMERGENCY MEDICAL SERVICES COVERAGE FOR LOCAL  
FOOTBALL GAMES AND OTHER AREA COMMUNITY EVENTS. EMS STAFF FACILITATE EMT

**Part VI** Supplemental Information (Continuation)

CLASSES FOR LOCAL HIGH SCHOOL STUDENTS, TRAINING FOR FIRST RESPONDERS AND PROVIDE CPR TRAINING IN THE COMMUNITY. AMBULANCES WERE ON STAND-BY OR STATIONED WITHIN CLOSE PROXIMITY OF THE WHITLEY COUNTY HEALTH DEPARTMENT DURING COVID-19 VACCINATION CLINIC HOURS DURING 2021.

WHITLEY MEMORIAL HOSPITAL, INC. SUPPORTS A MEDICATION ASSISTANCE PROGRAM (MAP) WHICH PARTNERS WITH PATIENTS, PHYSICIANS, PHARMACEUTICAL COMPANIES, LOCAL PHARMACIES, AND DONORS TO PROVIDE MEDICATION ASSISTANCE AT LITTLE OR NO COST FOR QUALIFIED INDIVIDUALS IN WHITLEY COUNTY. EMERGENCY VOUCHERS FOR ACUTE MEDICATION NEEDS ARE REDEEMED AT THE HOSPITAL PHARMACY. THIRTY-ONE INDIVIDUALS UTILIZED THE SERVICE IN 2021. LONG-TERM MEDICATION HELP IS PROVIDED BY CONNECTING PATIENTS WITH PHARMACEUTICAL ASSISTANCE PROGRAMS (PAP).

WHITLEY MEMORIAL HOSPITAL, INC. WORKS WITH LOCAL HIGH SCHOOLS TO PROVIDE INTERNSHIP OPPORTUNITIES FOR STUDENTS IN A VARIETY OF SETTINGS, ALLOWING THEM TO EXPLORE CAREERS IN CLINICAL AND NON-CLINICAL HOSPITAL ENVIRONMENTS. THERE WAS LIMITED PARTICIPATION IN 2021 DUE TO COVID-19 RESTRICTIONS BUT FIVE INDIVIDUALS WERE ABLE TO BENEFIT FROM THE PROGRAM.

IN 2021, WHITLEY MEMORIAL HOSPITAL, INC. PARTNERED WITH THE CITY OF WARSAW AND K21 FOUNDATION ON COVID-19 VACCINATION EDUCATION AND ACCESS TO KOSCIUSKO COUNTY RESIDENTS. AS PART OF THIS PARTNERSHIP, THE HOSPITAL SPONSORED AND PARTICIPATED IN A COMMUNITY EDUCATIONAL VIDEO ABOUT THE IMPORTANCE OF VACCINATION THROUGH THE KOSCIUSKO CHAMBER OF COMMERCE. IN ADDITION, A LOCATION AND PLANS FOR A SECOND VACCINATION SITE WERE DEFINED. THE HOSPITAL, ALSO, PARTNERED WITH WHITLEY COUNTY HEALTH DEPARTMENT TO ORGANIZE AND HELP STAFF A VACCINATION CLINIC. HOSPITAL LEADERS



**Part VI** Supplemental Information (Continuation)

VOLUNTEERED THEIR TIME FOR A TOTAL OF 372 HOURS.

PART VI, LINE 6:

IF THE ORGANIZATION IS PART OF AN AFFILIATED HEALTH CARE SYSTEM, DESCRIBE THE RESPECTIVE ROLES OF THE ORGANIZATION AND ITS AFFILIATES IN PROMOTING THE HEALTH OF THE COMMUNITIES SERVED.

PARKVIEW HEALTH SYSTEM, INC. (PARKVIEW), A HEALTHCARE SYSTEM SERVING NORTHEAST INDIANA AND NORTHWEST OHIO THROUGH OUR HOSPITALS AND PHYSICIAN CLINICS, INCLUDES THE NOT-FOR-PROFIT HOSPITALS OF PARKVIEW HOSPITAL, INC.; COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC.; COMMUNITY HOSPITAL OF NOBLE COUNTY, INC.; DEKALB MEMORIAL HOSPITAL, INC.; HUNTINGTON MEMORIAL HOSPITAL, INC.; PARKVIEW WABASH HOSPITAL, INC.; WHITLEY MEMORIAL HOSPITAL, INC.; PARK CENTER, INC.; AS WELL AS 60 PERCENT OWNERSHIP IN THE JOINT VENTURE OF ORTHOPEDIC HOSPITAL AT PARKVIEW NORTH, LLC.

EACH HOSPITAL ENTITY ENGAGES IN COMMUNITY OUTREACH ACTIVITIES AND SUPPORTS THEIR RESPECTIVE COUNTY THROUGH INVESTMENTS OF COMMUNITY HEALTH IMPROVEMENT FUNDING AND PROGRAMMING CUSTOMIZED TO MEET THE UNIQUE HEALTH NEEDS OF THEIR RESPECTIVE COMMUNITIES. AFFILIATE HOSPITALS ALSO WORK TOGETHER AND SHARE PROGRAMMING AND MESSAGING WHERE COMMON COMMUNITY HEALTH ISSUES ARE IDENTIFIED. FROM THE LIST OF HEALTH ISSUES IDENTIFIED IN NORTHEAST INDIANA AS PART OF THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT, THE HEALTH PRIORITY OF SUBSTANCE USE DISORDER/MENTAL HEALTH PROMOTION WAS SELECTED BY ALL AFFILIATE HOSPITALS.

AFFILIATE HOSPITALS EACH HAVE A LOCAL BOARD OF DIRECTORS. PARKVIEW HEALTH SYSTEM, INC. ALSO ENGAGES A BOARD OF DIRECTORS, WHICH CONSISTS OF

**Part VI** Supplemental Information (Continuation)

REPRESENTATION FROM EACH OF THE AFFILIATE HOSPITAL BOARDS AND UP TO 15 AT-LARGE PHYSICIANS OR COMMUNITY LEADERS. MOST OF THE BOARD OF DIRECTORS SHALL, AT ALL TIMES, BE CONSIDERED TO BE INDEPENDENT AS DEFINED BY THE INTERNAL REVENUE SERVICE.

PARKVIEW CONTRIBUTES TO THE OVERALL SUCCESS OF THE REGION THROUGH SIGNIFICANT INVOLVEMENT IN THE COMMUNITIES WE SERVE. BY DEVELOPING VARIOUS PARTNERSHIPS AND ALIGNMENTS WITH DIFFERENT SECTORS AND ORGANIZATIONS, PARKVIEW HELPS TO PROMOTE THE ECONOMY, QUALITY OF LIFE AND HEALTH/WELL-BEING ACROSS THE REGION. WITH A CONSISTENT FOCUS ON OUR MISSION AND VISION, WE WORK TO PROVIDE THE BEST CARE TO EVERY PERSON, EVERY DAY IN OUR FACILITIES WHILE SERVING AS GOOD STEWARDS OF SURPLUS FUNDS IN AN EFFORT TO POSITIVELY IMPACT COMMUNITY HEALTH STATUS.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:  
IN

PART VI, LINE 7 CONT'D:

A COPY OF FORM 990, SCHEDULE H IS FILED WITH THE INDIANA STATE DEPARTMENT OF HEALTH.

PART V, SECTION B, LINE 19:

DISCLOSURE STATEMENT FOR CORRECTION SECTION 501(R) OMISSIONS, ERRORS AND OTHER FAILURES PURSUANT TO INTERNAL REVENUE SERVICE REVENUE PROCEDURE 2015-21.

IN JANUARY AND FEBRUARY 2021, THE ORGANIZATION'S INTERNAL AUDIT DEPARTMENT PERFORMED A COMPREHENSIVE REVIEW OF ALL APPLICABLE POLICIES

**Part VI** Supplemental Information (Continuation)

AND PRACTICES UNDER SECTION 501(R) OF THE INTERNAL REVENUE CODE AND THE TREASURY REGULATIONS ISSUED THEREUNDER. THE AUDIT PERIOD WAS AUGUST 1, 2020, THROUGH DECEMBER 31, 2020. AS A RESULT OF THE AUDIT, MINOR POLICY CHANGES WERE MADE, AND MINOR PROCEDURAL CHANGES RELATED TO SECTION 501(R) COMPLIANCE WERE IMPLEMENTED.

ALSO, IT WAS DETERMINED THAT 128 PATIENT ACCOUNTS WERE PRESUMPTIVELY DETERMINED TO BE ELIGIBLE FOR LESS-THAN-100% FINANCIAL ASSISTANCE, WERE NOT NOTIFIED REGARDING THE WAY TO APPLY FOR MORE GENEROUS ASSISTANCE UNDER THE FAP AND WERE INADVERTENTLY SUBJECT TO ADVERSE CREDIT REPORTING. THE ADVERSE CREDIT REPORTING, HOWEVER, WAS IMMEDIATELY REMOVED IN MAY 2021. IN ADDITION TO THE FINANCIAL ASSISTANCE NOTIFICATION ON ALL PATIENT STATEMENTS, THE HOSPITAL FACILITY INSTITUTED PROCEDURES TO PROVIDE WRITTEN NOTICE TO PATIENTS WHO RECEIVE PARTIAL PRESUMPTIVE FINANCIAL ASSISTANCE THAT INFORMS THE INDIVIDUAL REGARDING THE BASIS FOR THE PRESUMPTIVE FAP ELIGIBILITY DETERMINATION AND THE WAY TO APPLY FOR MORE GENEROUS ASSISTANCE DURING THE APPLICATION PERIOD.